



The Association of the British Pharmaceutical Industry



NHS AND PHARMACEUTICAL INDUSTRY WORKING TOGETHER FOR PATIENTS

2005 EDITION

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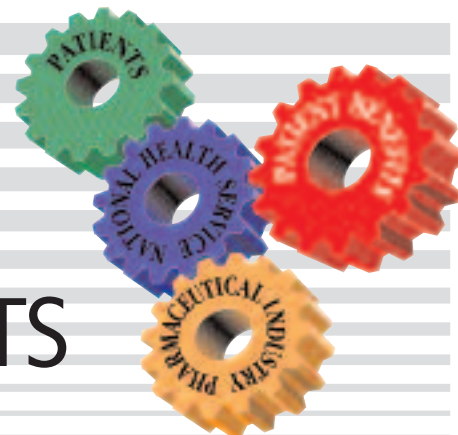
National Association of Primary Care

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THE NHS CONFEDERATION



NHS AND PHARMACEUTICAL INDUSTRY WORKING TOGETHER FOR PATIENTS



Foreword

From Dr David Colin-Thomé

National Clinical Director for Primary Care and General Practitioner,
Castlefields, Runcorn

Once again it is with great pleasure I write this foreword to endorse this publication. I do so in a personal capacity, of course. Competition and contestability are good for some aspects of healthcare but much of care also requires good partnership working.

The case studies demonstrate the benefits of such working and the joint sponsorship of this document strongly reinforces the point.

Prescribing medication is arguably the most effective therapeutic activity we doctors undertake. Therapies have moved on, so that they not only alleviate symptoms but increase longevity. And there will be even more dramatic developments to come.

To ensure appropriate prescribing and patient concordance needs us to work together and so I can only repeat some of last year's foreword - 'Trust is all in partnerships and to have trust necessitates a sharing of values, principles and examples of joint working that can demonstrate real benefits for our patients. This publication has all of this and more. It also gives examples of sound audit and thus a transparent accountability.

The history of joint working between the pharmaceutical industry and the NHS is patchy, with examples of excellent partnerships but also of mistrust, ideological differences and bad behaviours. This framework helps to move us on'.

Websites availability

This Joint Working Document and the individual project cases are available on the websites of the ABPI, NAPC, NHS Alliance and NHS Confederation (please see page 8 of the Joint Working Framework for the websites' details).

A Framework for Joint Working between the Pharmaceutical Industry and the NHS



Introduction from the ABPI

Dr Richard Barker

Director General, Association of the British Pharmaceutical Industry

Following the success of the first issue of *NHS and Pharmaceutical Industry Working Together for Patients*, there has been an encouraging demand for a second edition. The relationship between the NHS and the pharmaceutical industry is constantly changing, and as our experience of joint working develops, there are new examples of how it brings benefits to patients.

The NHS Plan and other recent DoH publications all point to the advantages that can come from a constructive engagement with the private sector. In the spirit of the developing relationship, the ABPI has produced this document to introduce NHS managers and decision makers to the benefits of partnership with the pharmaceutical industry.

It comprises an overview of the background of the need for guidance in this vital area, a useful framework checklist for joint working between the pharmaceutical industry and the NHS and a selection of case studies illustrating where there have been real and successful initiatives resulting in direct benefits to patients.

The Framework

The framework is intended as a practical guide to joint working projects. It outlines the principles involved and lists important lessons learnt so far, highlighting pointers for the successful working relationships that can lead to viable projects.

The Checklist

The checklist sets out all the fundamental considerations involved when a joint working initiative is being planned. It is as comprehensive as possible, but participants can always adapt or add to the summary points to suit the needs of their individual situation.

Case Studies

This new edition includes fresh examples of the many joint working initiatives around the UK. Each case study identifies the challenge facing the NHS and then details the solution which was subsequently developed and how it benefits everyone involved.

The usefulness of working together has been endorsed in feedback from those taking part in it. Each case study has a named contact within the participating company, who will be happy to be contacted to explain the concept further and to put you in touch with your local healthcare development manager with responsibility for your region.

We would be interested in your views on how joint working is progressing and how you feel it could develop - please contact Martin Anderson at the ABPI.

Introduction

Introducing the Framework

This is the second edition of the *NHS and Pharmaceutical Industry Working Together for Patients*. In 2004, more than 6,500 copies were mailed to all NHS Primary Care Organisations (PCOs) in England, to NHS Trusts and to Strategic Health Authorities. Copies were also provided to national bodies, such as NICE, and to Royal Colleges, Department of Health, etc. The ABPI also makes copies available at national conferences, including the NHS Alliance, NHS Confederation, NAPC, BMA, Association of Nurse Prescribing and the British Pharmaceutical Conference, where it is always one of the most popular ABPI publications.

In late 2004, an independent survey of the NHS was conducted by VIA International, and questions about the *NHS and Pharmaceutical Industry Working Together for Patients* were included. Outstandingly, 87% of those surveyed claimed to be aware of the publication, with 66% reporting a positive overall impression of the document. More than 60% said that they were likely to use it as a framework for future working with the industry.

In early 2005, the Department of Health Commercial Directorate once again recognised that the NHS and the pharmaceutical industry are both undergoing significant change. There are pressures on the industry to reconsider traditional ways of doing business and opportunities to do so. Organisations that affectively innovate and participate at all levels stand to be quite successful in the new NHS, and working with PCTs to improve patient outcomes is a great place to start engaging.



The UK has an ageing population, and health expenditure for people aged 65 and older averages nearly four times that for other age categories and this is growing in all the developed markets. Approximately 1 in 3 people will experience some form of cancer in their lifetime and there has been a significant increase in chronic diseases such as asthma and diabetes. There will therefore be a continued demand for new and innovative medicines to treat patients efficiently and effectively and to improve their quality of life. However, the take up of new medicines continues to be slow by international standards and we have a desire to see wider faster uptake of new, innovative, safe and effective medicines to improve overall health outcomes in the most cost efficient and expedient manner possible.

With 75% of funding flowing through primary care - where 90% of care is provided - delivering value to PCOs is an excellent place to start. Decision making has now largely been devolved to PCOs and this will lead to significant service reconfigurations over time.



However, PCOs are still relatively new organisations, often with full agendas, and it is important for pharmaceutical organisations to approach them with clear value propositions.

An independent survey conducted in 2005 by TNS for Takeda UK Ltd reported that 69% of GPs surveyed thought that the pharmaceutical industry could do more to help practices achieve GMS success and 80% of PCT leads and GPs feel that pharmaceutical companies should work in partnership with the NHS.

At the start of the decade, the NHS Plan (Chapter 11) stated *“For decades there has been a stand-off between the NHS and the private sector providers of healthcare. This has to end. Ideological boundaries or institutional barriers should not stand in the way of better care for NHS patients. The private and voluntary sectors have a role to play in ensuring that NHS patients get the full benefits from this extra investment. By constructing the right partnerships, the NHS can harness the capacity of private and voluntary providers to treat more NHS patients”*.

This statement was reinforced by the Prime Minister in the foreword of the Pharmaceutical Industry Competitiveness Task Force (PICTF) report (final report 2001), which states:

“A successful pharmaceutical industry is a prime example of what is needed in a successful knowledge economy. We must work together to ensure that the future of the UK pharmaceutical industry is even brighter. A key feature in maintaining the UK’s attractiveness will be effective partnership at the highest levels between Government and industry. I look forward to future partnership and to the pharmaceutical industry continuing to make a significant contribution to the health and prosperity of the UK”.

It is clear therefore that the relationship between the NHS and the pharmaceutical industry is continuing to develop. The changing nature of the NHS in response to Government policies and ever-increasing demands by the public will create new opportunities for more joint working between pharmaceutical companies and the NHS, to deliver better health outcomes for patients. This framework has been developed to ensure that all parties carefully consider any proposals for joint working, and provides a checklist to ensure that potential issues are considered and resolved prior to any agreement to work together.

The pharmaceutical industry acts as a partner, a stakeholder and as a supplier to the NHS, but the behaviours and communications required when acting in each of these capacities are different. Although organisational objectives will differ, the overall objective is the same, i.e. to improve health outcomes for both individual patients and wider populations, but the relationship is often predicated by a lack of trust.

Values

The following values should underpin joint working and all parties involved are asked to confirm and adhere to these:

- Mutual trust, honesty and respect
- Openness and transparency
- Recognising and valuing the contribution of all partners
- Access and sharing of information pertaining to the project
- Consensus, collaboration and inclusion as the “best way” in decision-making
- Acknowledgement of the interdependent relationship between the NHS and the pharmaceutical industry
- Commitment to the framework



This framework aims to act as a practical and flexible guide that can be applied when joint working between the NHS and the pharmaceutical industry is proposed. A fundamental principle is that all joint working between the pharmaceutical industry and the NHS must be for the benefit of patients. The use of the framework should ensure that any agreements between the NHS and the pharmaceutical industry are conducted in an open and transparent manner. Readers should also familiarise themselves with the documents listed below:

1. Commercial Sponsorship, Ethical Standards for the NHS.
Department of Health, November 2000
2. A Common Understanding - Guidance on Joint Working Between NHS Scotland and the Pharmaceutical Industry.
SEHD 2003
3. Guidance for partnership working between NHS organisations, primary care contractors, the pharmaceutical industry and the allied commercial sector in Wales.
WAG (WHC (2005) 016)
4. Confidentiality: NHS Code of Practice, March 2004
5. Code of Practice for the Pharmaceutical Industry. ABPI 2003

Principles

- All joint working between the pharmaceutical industry and the NHS must be for the benefit of patients
- The interests of individual patients must be protected
- Clinical aspects of care, including the development of guidelines and protocols, should be under local/national NHS control, and industry input is legitimate and offers potential benefits to patients and NHS organisations
- Long-term strategic partnership is the desired outcome, but work should proceed on a project by project basis
- All patient identifiers should be removed from data to respect and preserve patient confidentiality in line with the Data Protection Act
- Reports or information pertaining to the project/agreement should not be used or published without explicit permission given by all partners entering the agreement
- Joint working should not be seen as an endorsement or promotion of a specific medicine or technology
- Joint working should not undermine or conflict with the ethical requirements of any healthcare professional, including the duty of the clinicians to provide whatever treatment they consider clinically appropriate
- Pharmaceutical companies must comply with the ABPI Code of Practice for the Pharmaceutical Industry at all times
- All NHS employed staff must comply with NHS (and relevant professional bodies) codes of conduct at all times
- Pharmaceutical company size (turnover) should not dictate involvement with the NHS
- If joint working involves research, then best research practice should be applied and consultation with the relevant Local Research Ethics Committee should be sought

Some Ground Rules

The ground rules for successful joint working are simple and need to be openly acknowledged: trust, mutual benefit, added value, reliability, consistency and integrity. Many PCOs are developing guidance to manage their relationships with pharmaceutical companies. The precise relationships will vary on a case by case basis, but the framework checklist on the following pages has been developed to facilitate joint working.

A Framework for Joint Working between the Pharmaceutical Industry and The National Health Service

Framework Checklist

I. JOINT WORKING PROJECT SUMMARY

1. TITLE OF PROJECT	
2. SUMMARY OF INTENDED AIMS/OBJECTIVES	
3. SUMMARY OF EXPECTED OUTCOMES	
4. NAMES OF JOINT WORKING ORGANISATIONS	
5. NAMES OF THE LEAD REPRESENTATIVES FOR EACH ORGANISATION	
6. START DATE	
7. FINISH DATE	
8. EXIT STRATEGY	

II. FINANCIAL AND RESOURCE IMPLICATIONS

1. WHAT IS THE OVERALL BUDGET OF THE JOINT WORKING PROJECT?	
2. WHAT ARE THE DIRECT AND INDIRECT FINANCIAL/ RESOURCE COMMITMENTS BY EACH ORGANISATION?	
3. HOW WILL THE RESOURCES/COSTS BE MONITORED AND RECORDED?	
4. HAS VALUE FOR MONEY BEEN SHOWN? IF SO, PLEASE INDICATE	
5. HAVE CLEAR AND UNAMBIGUOUS ARRANGEMENTS REGARDING THE LONGER TERM FUNDING IMPLICATIONS OF PROJECTS BEEN SATISFIED?	

III. GOVERNANCE ARRANGEMENTS

1. WHO HAS BEEN CONSULTED PRIOR TO INITIATING THE JOINT WORKING PROJECT AND HOW WAS THIS DONE?	
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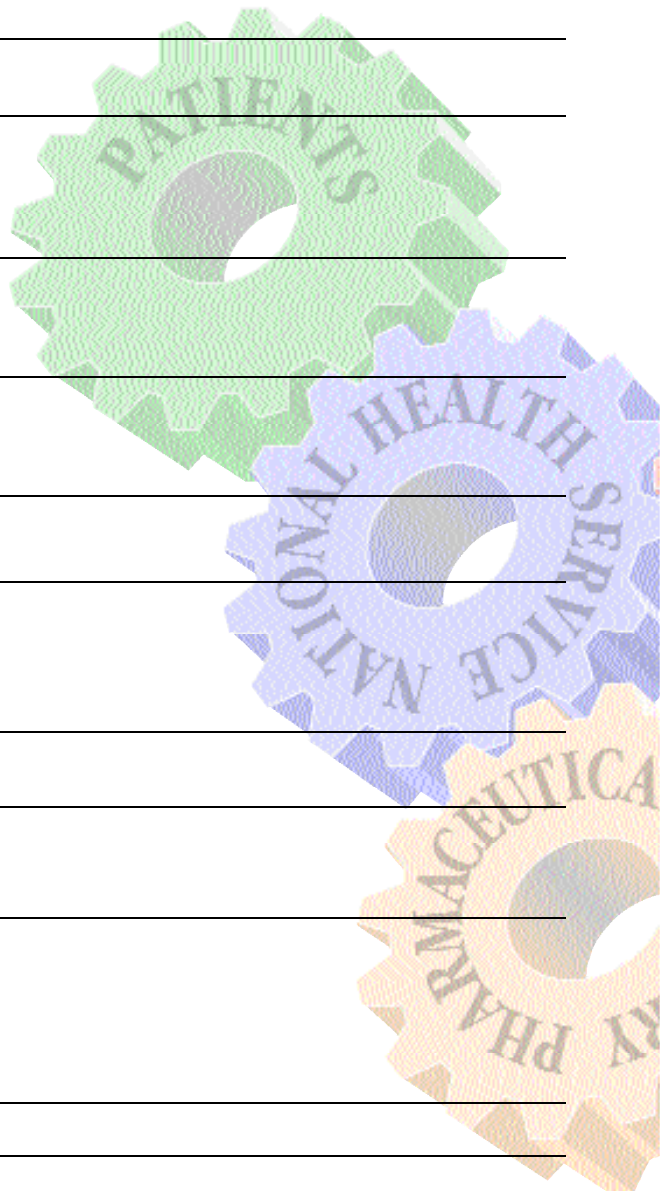
2.	HOW WILL YOU COMMUNICATE THE JOINT WORKING PROJECT TO PATIENTS?	
3.	IS THERE AN OPEN AND TRANSPARENT DECISION-MAKING PROCESS FOR THE PROJECT?	
4.	STATE OPERATIONAL AND MANAGEMENT ACCOUNTABILITIES. WHAT ARE THE POTENTIAL CONFLICTS OF INTEREST?	
5.	IS A PILOT SITE REQUIRED AND IF SO, HOW WOULD THIS BE ACHIEVED?	
6.	FOR CLINICAL SERVICES, WHAT ARE THE PROFESSIONAL INDEMNITY AND LIABILITY ARRANGEMENTS THAT THE PROVIDER HAS IN PLACE?	
7.	IS THERE A WRITTEN AGREEMENT THAT CLEARLY STATES THE OBLIGATIONS OF CONFIDENTIALITY, SECURITY STANDARDS AND LIMITS OF USE OF INFORMATION TO THE PURPOSES SPECIFIED?	

IV. MONITORING AND EVALUATION

1.	WHO HAS DESIGNATED RESPONSIBILITY AT EACH STAGE OF THE PROPOSAL? PLEASE LIST	
2.	ON COMPLETION OF THE PROJECT, HOW WILL IT BE EVALUATED IN TERMS OF PATIENT BENEFITS?	
3.	WHAT WILL BE/HAVE BEEN THE LEARNING OUTCOMES/OPPORTUNITIES?	
4.	WHAT AUDIT ARRANGEMENTS ARE AVAILABLE?	
5.	HOW WILL YOU INFORM THE JOINT WORKING GROUP OF SIGNIFICANT PROBLEMS AND HOW WILL YOU MANAGE THIS COMMUNICATION BEYOND THE PROJECT TEAM?	

V. DATA AND PATIENT PROTECTION

1.	WHO "OWNS" THE DATA GENERATED BY THE PROJECT?	
2.	WHO HAS ACCESS TO THE DATA AND IN WHAT FORM I.E. AGGREGATION AND ANONYMISATION CRITERIA?, (bearing in mind the Data Protection Act and the requirements for patient confidentiality of healthcare records)	
3.	HOW WILL THE DATA BE USED?	



VI. DECLARATION OF INTERESTS

YES

NO

If Yes, please qualify below by inserting one tick in column A and B

A	B
Personal <input type="checkbox"/>	Specific <input type="checkbox"/>
Non-Personal <input type="checkbox"/>	Non-Specific <input type="checkbox"/>

Signature _____ Date _____

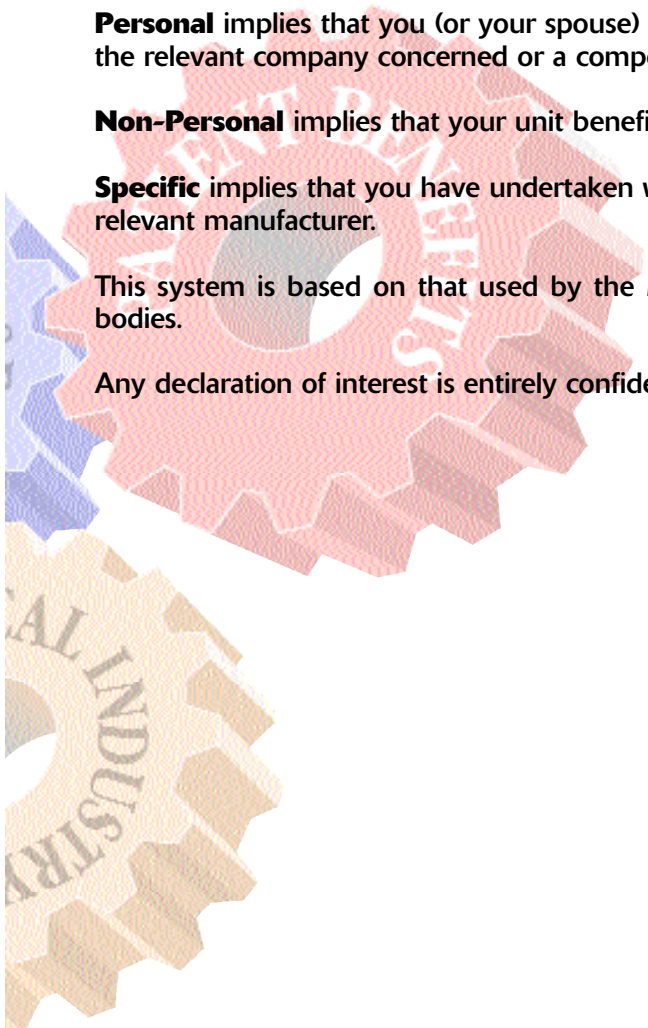
Personal implies that you (or your spouse) receive direct payment for services or hold shares in the relevant company concerned or a competitor.

Non-Personal implies that your unit benefits by receiving funding from the company.

Specific implies that you have undertaken work or given advice on other products made by the relevant manufacturer.

This system is based on that used by the Medicines Commission and other national drug regulatory bodies.

Any declaration of interest is entirely confidential.



Organisations Supporting this Document

The Association of the British Pharmaceutical Industry



Contact: Martin Anderson, Director of Commercial Affairs; Email: manderson@abpi.org.uk
12 Whitehall, London SW1A 2DY; Telephone: 020 7747 1401; Fax: 020 7747 1411;
Website: <http://www.abpi.org.uk>

The ABPI is the trade association that represents leading prescription medicine companies involved in every stage of research, development and manufacture of both branded and generic products in the UK. It represents the views of the pharmaceutical industry to Government, the media, the scientific and medical world and the general public. It maintains close and regular contacts with Government bodies and agencies and the UK Research Councils, training and education institutions, NHS health managers, patient advocacy groups and professional bodies.

The National Association of Primary Care



national association of primary care

Contact: Maggie Marum, Consultant; Email: maggie@napc.co.uk
Lettsom House, 11 Chandos Street, Cavendish Square, London W1G 9DP;
Telephone: 020 7636 7228; Fax: 020 7636 1601;
Website: <http://www.primarycare.co.uk>

The NAPC is a non-political membership organisation representing and supporting all primary healthcare professionals and organisations. It negotiates primary care interests with Government and other political parties, and represents members' interests on many national working groups thereby providing opportunities for creating and shaping policies. Key aims include fostering constructive working relationships between PCTs and their practices to help support challenges in healthcare delivery.

The NHS Alliance



Contact: Kaye Locke, Head of Administration; Email: office@nhsalliance.org
Goodbody's Mill, Albert Road, Retford, Nottinghamshire DN22 6JD;
Telephone: 01777 869 080; Fax: 01777 869 081;
Website: <http://www.nhsalliance.org>

The NHS Alliance represents most PCTs, with many of its members being individual GPs, nurses, professions allied to medicine, managers and lay board members. Some Strategic Health Authorities are members, and also a wide variety of primary care organisations e.g. the Royal College of Nursing, Community Practitioners' and Health Visitors' Association, National Association of Non Principals, and the Primary Care Pharmacists' Association.

The NHS Confederation



Contact: John O'Brien, Acting Director of Member Services;
Email: membership@nhsconfed.org; 29 Bressenden Place, London SW1E 5DD;
Telephone: 020 7074 3200; Fax: 020 7074 3201;
Website: <http://www.nhsconfed.org>

The NHS Confederation brings together the organisations that make up the modern NHS across the UK. It works with its members to transform health and health services for the better. As an independent driving force, the NHS Confederation does this by influencing policy and public debate, connecting health leaders through networking, involving its members in its work, and representing NHS employers. The NHS Confederation is the only membership body for all types of NHS organisations with over 92% membership across the UK.

NHS AND PHARMACEUTICAL INDUSTRY WORKING TOGETHER FOR PATIENTS

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I. MENTAL HEALTH

Implementing National Mental Health Policy (*AstraZeneca*)

Mental health primary care guidelines developed to support NSF implementation and the new GMS contract (Berkshire Healthcare NHS Trust and Slough stakeholders)

Implementing the NICE Schizophrenia Guideline (*AstraZeneca*)

An implementation plan to facilitate and optimise the NICE guideline uptake (3Ns Mental Health Trust, NIMHE NEYH)

NICE Schizophrenia Resource Tool (*Lilly UK*)

Pilot of a database created for mental health multi-agency working to assist with effective implementation of the NICE schizophrenia guideline (Knowsley PCT, 5 Boroughs Partnership NHS Trust, NIMHE NW)

Severe Mental Illness Register Development (*Lilly UK*)

Pilot and plan for a primary care specialist nurse team to establish severe mental illness (SMI) registers and review mental health medications (Rotherham PCT)

Road to Recovery Nurse Adviser Programme (*Janssen-Cilag Ltd*)

Concordance skills programme for mental healthcare professionals with training by a specialist mental health nurse team (Institute of Psychiatry, King's College, London)

II. NEUROLOGY

Development of Parkinson's Disease Nurse Specialists (*Britannia Pharmaceuticals*)

National network of nurse specialists working within NHS Trusts, providing NHS staff education and patient support (Parkinson's Disease Society)

III. CARDIOVASCULAR

Delivering a Pre-hospital Thrombolysis Service (*Boehringer Ingelheim*)

Special skills training programme for ambulance paramedics by an experienced thrombolytic adviser nurse team (East Anglia Ambulance NHS Trust)

IV. RESPIRATORY

Developing a Local Enhanced Service for COPD (*Boehringer Ingelheim*)

A COPD specialist nurse based programme to develop enhanced, primary care local service provision (Barnsley PCT)

V. VACCINATION

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Programme for PCOs and practices to support the new contract implementation (East Kent PRICCE Team, Modernisation Agency Clinical Governance Support Team)

VIII. MEDICINE GUIDES

Medicines Information Project and Medicine Guides (*Datapharm Communications Ltd*)

Project to provide a structured set of information for patients and the public about individual medicines which is linked to information on the condition and treatment options (NHS Direct Online)

Produced by



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NHS and Pharmaceutical Industry Working Together for Patients

Implementing National Mental Health Policy



The Issue

Slough Mental Health Primary Care Guidelines were developed to implement part of the National Service Framework (NSF) for Mental Health and to achieve some of the targets required within the new GMS Contract, through partnership working between AstraZeneca, Berkshire Healthcare NHS Trust and key Slough stakeholders. The Guidelines were developed in collaboration with primary-care, mental health liaison workers, the lead pharmacist, people using mental health services, GPs, and other key agencies.

The Guidelines provide primary-care clinicians with evidence-based guidance on the detection, diagnosis, treatment and management of schizophrenia and psychosis, depression, anxiety and postnatal depression. These Guidelines are available on the internet as a public resource with additional patient information. Accompanying information leaflets provide local information, self-help materials, sources of support and links to other resources.

The Challenge

Slough is one of the most deprived areas in the South-East of England, with a high incidence of coronary heart disease, mental health needs, unemployment and poverty. The NSF for Mental Health sets national standards for promoting mental wellbeing.¹ With 90% of patient journeys beginning and ending in primary care, Primary Care Trusts (PCTs) need to harness and develop the skills of their workforce to improve the speed of access to specialist services, deliver better health care and tackle health inequalities. The aim of the project was to produce locally specific guidance and information for clinicians, carers and people with mental health needs, developed from successful models used in Northamptonshire and Milton Keynes.

Key Actions

Broad objectives of the Guidelines and Leaflets are to:

- Provide information and advice to people with mental health needs and their carers
- Provide information for people who use services to enable informed choice (treatments, self-help, support resources)
- Reduce stigma and promote inclusion through education
- Support early recognition, assessment and diagnosis of common mental health needs in primary care
- Provide a clear referral process
- Promote a single point of access - the 'Access Team'
- Signpost to existing services within the local community
- Provide evidence-based advice on prescribing and treatments
- Highlight the additional physical health needs of people with mental health needs
- Advise on the monitoring and review of specific medications.

The AstraZeneca Mental Health Regional Business Executive worked closely with the project team contributing broad knowledge, skills, contacts and networks, to enhance the activities and progression of the project. In addition, her skill and experience in planning educational campaigns were utilised to enable a Slough-wide Guideline consultation workshop. Audit tools enabled measurement of the effectiveness of this project within the twelve months of launch in February 2004.

The Outcome

This collaborative approach to project development has enabled the sharing of best practice through networking using the varied and extensive knowledge base of all agencies involved. Working in partnership has helped bridge the gap between NSF guidance and local implementation, in the challenge to improve the delivery of quality, mental health services.

Benefits:

- Improves mental health support
- Reduces health inequalities
- Provides local guidance for patients and carers
- Highlights physical health needs
- Supports concordance with medication
- Supports informed choice
- Fosters improved standards and best practice in mental health care
- Reflects NSF for Mental Health and new GMS Contract requirements
- Provides locally specific and evidence-based guidance
- Educates staff to reduce stigma and foster inclusion
- Online support services for all stakeholders
- Improves partnership working with all stakeholders
- Highlights AstraZeneca's expertise in mental health.

Current Status

In addition to the above success and achievements, the partnership has provided additional benefits through joint initiatives. This has resulted in the development of a national networking group for primary-care liaison and gateway workers hosted by AstraZeneca, and an online mental health forum (www.nimhe.org/ knowledge community). A multi-agency Slough Mental Health website provides resources and information, and is due to expand to include a link to the Slough Mental Health Primary Care Guidelines, information leaflets, further information and contacts, as well as an online support service for primary care.

Reference:

1. National Service Framework for Mental Health. Department of Health, November 1999.

NHS and Pharmaceutical Industry Working Together for Patients

Implementing the NICE Schizophrenia Guideline



The Issue

The NICE Clinical Guideline for Schizophrenia published in December 2002 presents a challenge for people working in mental health services across the UK. Newcastle, North Tyneside and Northumberland Mental Health Trust have been working on a project to address the challenge across this large and diverse geographical area.

The overall objective of the project was to develop an implementation plan that will strive towards delivering the very best care for service users and their carers experiencing schizophrenia as they engage with both primary and secondary care services. The final plan will be used by everyone involved with schizophrenia from service users and their carers to staff working within the services including representation from Commissioners and the Strategic Health Authority.

The three partners involved with the project are:

- 3Ns Mental Health Trust
- The Northern Centre for Mental Health and subsequently National Institute of Mental Health in England, North-East, Yorkshire and Humber (NIMHE, NEYH)
- AstraZeneca UK Ltd.

The Challenge

Jackie Price was seconded from the Northern Centre for Mental Health to project-manage the process across the 3Ns Trust. A nurse by background, with wide experience of managing inpatient and community services, Jackie had no illusions about the challenges, and explained: *"The aim was to achieve an implementation plan that meets the requirements of the new Guideline but recognises the complexity of the organisation, the individuality of each locality, its different starting point and priorities. But what is really encouraging, is how enthusiastic everyone in the Trust was about improving standards of care for patients."*

Key Actions

The process involved 3 main action areas:

- Service mapping, looking at how care is currently provided for people with schizophrenia
- Audit of case notes, and talking to service users about their own experiences
- Using this feedback to identify any gaps between current provision, what the new guidelines require and the priorities for each locality
- Feeding the above into a three-year implementation plan that will subsequently be monitored by the Commission for Health Improvement.

Key to the project's success was engagement and involvement of all stakeholders, and the Project Team has tried to ensure this is reflected in both the Project Board and the Locality Groups' representation.

The Outcome

At the end of the year's project, the organisation had successfully engaged with the task outlined. Current services have been mapped and compared to the Guideline. Any gaps have been identified with proposed recommendations outlined in a detailed plan to address these variances. Financial details are being finalised and a stakeholder group reconvened to enable the project team to proceed with implementation in 2005/6.

Benefits:

- Improving mental health care
- Engaging service users in talking about their management and treatment
- Improving quality of life and reducing relapse
- Supports the NICE Guideline
- Engages and involves all stakeholders through the Project Board, Project Team and Locality Groups
- Takes into account complexity of the organisations, locality individuality and differences in starting points
- Sharing best practice and learning
- AstraZeneca seen as a true and important partner in this joint working relationship
- Demonstrates new and innovative way for the Trust to work with the company.

Feedback

This joint working has been an excellent opportunity to pool expertise and resources from the NHS and the Pharmaceutical Industry to improve services. Highlighting the partnership values of the project, Roger Paxton, Director of Research and Clinical Effectiveness for the 3Ns said: *"The Trust has taken a partnership approach to implementing this guideline and an important relationship in this partnership is with AstraZeneca. This has been transparent and beneficial."* AstraZeneca's Northern Sales Manager, Huw Watkins added that: *"AstraZeneca are delighted to be involved with this partnership project as it fits with our vision in the Neuroscience Division of being a company our customers prefer to do business with. Susan Applegarth from the Business Development team has been involved with supporting the funding application and working as part of both the Project Team and the Project Board representing a true partnership arrangement and not just sponsorship."*

Current Status

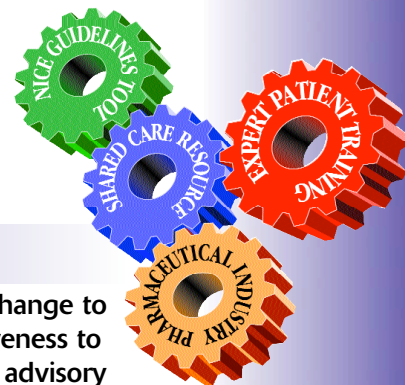
This partnership is continuing in the next phase of the project when the true benefits for service users, carers and staff will be realised with recommendations in the plan being fully implemented. This will ensure the best possible standard of care for everyone with schizophrenia engaging with services in any locality of the Trust. The partnership has now broadened to include a wider pharmaceutical company collaboration involving AstraZeneca, Janssen-Cilag, Lilly and Bristol Myers Squibb.



CONTACT: Jackie Price, NIMHE, NEYH;
Email: jacqueline.price@nmht.nhs.uk

NHS and Pharmaceutical Industry Working Together for Patients

NICE Schizophrenia Resource Tool



The Issue

Mental healthcare in the UK has been undergoing significant change to improve the outcomes for patients, and for greater cost-effectiveness to help achieve better value for money. This has resulted in many advisory documents from the Department of Health, the Department for Work and Pensions and the National Institute for Clinical Excellence (NICE). Mental health is an area where multi-agency working is essential and where each partner needs to be able to reference other departments' services.

However, with the rapidly changing environment, available data were not all in one place, making it difficult not only for Health and Social Care Services, but more importantly, for patients and their carers. There was a clear need to pilot a system that keeps all relevant information in one place, and is easily updated and accessible to all. This pilot involved Lilly UK working in partnership with Knowsley PCT, 5 Boroughs Partnership NHS Trust and the National Institute of Mental Health in England North-West (NIMHE NW).

The Challenge

The overall objective was to create a data base that can be used by all stakeholders that is simple to use and easily updated, that will assist the rapid and effective implementation of best practice in the care and management of people with schizophrenia within the healthcare setting, as set out by the guidelines published by NICE. Key considerations were as follows:

- Appropriate involvement not only for healthcare professionals, users, carers but also between local services, aligned with ACCESS, BOOKING and CHOICE
- Co-ordination and motivation of the many different organisations in collecting and ensuring the quality of information to be utilised within the tool
- Bridging the gap between guideline dissemination and guideline implementation by making best use of technology, e.g. providing information in a fast, convenient format for both professionals and users alike, resulting in better outcomes for users and carers
- Keeping the project within the scope and timelines.

Key Actions

To meet the implementation challenge, key actions were to:

- Engage Trust Boards at Mental Health Trust and PCT level
- Sign off the Project Implementation Document (PID) and appoint the Project Board
- Sign off resources including Local Project Manager
- Develop a Detailed Project Plan to include internal checking processes, strategic work programmes, etc.
- Sign off the PID and approve to proceed, membership of Project Board agreed
- Conduct project scope training and project management training for the team

- Conduct baseline audit
- Perform data collection and develop work packages
- Approve localisation of the NICE Implementation Resource (CD-ROM) by the Project Board
- Complete customisation of the local resource.

The Outcome

The primary outcome for this project has been the localised implementation of the NICE Schizophrenia Resource Tool, used by all healthcare professionals in the management of schizophrenia in primary and secondary care in line with NICE recommendations.

This is a “one-stop shop” for information and includes:

- Local referral pathways and template letters for use by primary and secondary care, agreed with local services
- Locally agreed assessment and monitoring tools
- Locally agreed patient information leaflets to print out directly from the CD-ROM
- Advanced Agreement protocol
- Medicines Management Information
- Local Service Directory
- Shared Care protocols
- Physical Health Check Templates
- Lifestyle Management programme.

Patient Benefits:

- Allows comprehensive and easy access to available information
- Enables them to answer any questions about their condition and how to manage it
- Improves access and choice about services received
- Helps train “expert patients” in schizophrenia

NHS Benefits:

- Supports implementation of the NICE guidelines
- Enables all information to be centralised in one place
- Meets the Healthcare Commission data-centralisation requirements
- Helps identify performance “gaps”
- Action plans put in place to address issues

Company Benefits:

- Fosters appropriate use of atypical antipsychotics and medication in the care of patients with schizophrenia
- Enhanced credibility and trust through successful project delivery and implementation of resource aimed at addressing NHS requirements.

Current Status

Knowsley PCT has a dual focus plan using the tool:

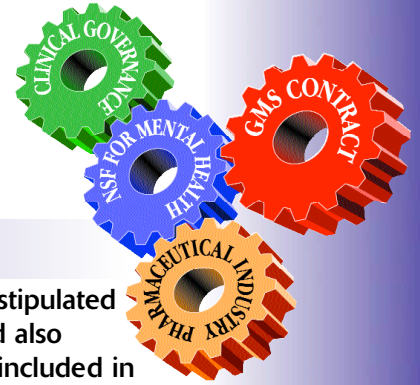
- Development of expert patients and carers
- Training of primary care using the tool in line with GMS2.



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NHS and Pharmaceutical Industry Working Together for Patients

Severe Mental Illness Register Development



The Issue

The development of Severe Mental Illness (SMI) registers, first stipulated in the National Service Framework (NSF) for Mental Health and also included in the General Medical Services (GMS) Contract, was included in the Primary Care Team (PCT) clinical governance framework as mandatory for PCTs to complete.

Rotherham PCT covers a population of almost 250,000. The PCT had applied for Local Delivery Plan (LDP) investment in primary care mental health to maintain the nurse teams once SMI registers were established, but some initial "pump-priming" funding was required to get the SMI Register project up and running.

A full audit and evaluation of the project is planned through Rotherham PCT and Leeds University, with intended publication of the audit outcomes and findings.

The Challenge

Based on a pilot run by Dr Steve Burns, Mental Health Lead GP, Rotherham PCT, to identify the number of patients likely to be identified, a comprehensive plan was put together to fund a G-grade nurse for 3 days a week for 6 months, to complete the medication checks and mental health reviews in at least 70% of the practices in Rotherham PCT. Specific roles and responsibilities include :

- Physical health checks to be carried out by the practice nurses
- Medication review by the SMI project funded nurse
- eLUNERS* side effect monitoring by the SMI nurse, on all patients known ONLY to primary care
- Specialist Mental Health Services at Doncaster & South Humber Mental Health Trust to take responsibility for these patients currently seen by them
- All practice nurses offered mental health awareness training, including eLUNERS
- Training needs for the whole practice identified through the audit and evaluation project.

*eLUNERS side-effect monitoring profile was developed by Liverpool University and has now been adapted as the preferred method by Rotherham PCT.

Key Actions

Lilly UK has acted in close partnership with the PCT and Specialist Mental Health Services, and has acted as 'hands-on' in a project management capacity, to ensure all parties are fully involved in the agreement and development of the project plan right through to its implementation.

As a result of good teamwork between all parties, the project plan was developed and approved by the PCT Board and through Lilly for funding approval within 2 months.

The Outcome

The following results have been achieved to date:

- SMI registers have been set up in 38 out of 39 practices in Rotherham covering a population of 246,623
- 1,163 patients have agreed to be on the register and 85 have been classed as informed dissent
- Practices are beginning the process of conducting physical health checks of patients (70% have been completed)
- SMI nurse started in April '04 and is completing the medication reviews for those patients in primary care
- Mental Health Awareness training conducted in practices
- Physical health checks have identified issues around smoking cessation, weight, alcohol use, diabetes and high blood pressure, and further audit is planned.

Rotherham has also networked with other area PCTs, to provide support and share experiences, as part of a Primary Care Mental Health network support group. Their project plan is available on the website: www.pcmhns.co.uk.

Patient Benefits:

- Patients with SMI are now given a physical health check
- Identifies issues around smoking cessation, weight, alcohol use, diabetes and high blood pressure
- Ongoing audit of health issues planned
- Involves service users in the project where SMI registers have been discussed

NHS Benefits:

- Improves communication between primary care and mental health specialist services to encourage best practice
- Supports the NSF for Mental Health and GMS contract
- Provides staff training on mental health
- Audit and evaluation for evidence-based practice

Company Benefits:

- Enhancing organisational credibility
- Developing closer working relationships within Rotherham
- Identifying and managing physical health issues of patients with SMI on medication.

Feedback and Current Status

The SMI Register project has been very successful according to Rotherham PCT: *"Partnership working with Lilly has enabled us to improve communication between primary care and specialist services and benefitted people in Rotherham with mental health problems"*.

Furthermore, the project was showcased at the National Institute of Mental Health in England (NIMHE) North-West/North-East conference at the end of 2004 as an example of the practical implementation of SMI registers. This was evaluated and well received.

A mental health 'Well-Being' support nurse is also planned, provided by Lilly, to support physical health reviews in a secondary care setting, and also to support GPs in alignment with this project.



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NHS and Pharmaceutical Industry Working Together for Patients

Road to Recovery Nurse Adviser Programme



The Issue

Relapse is a potentially devastating occurrence for patients with schizophrenia, the implications of which affect every aspect of their life as well as impinging on their family, friends, carers and medical staff. Relapse prevention is a major goal of schizophrenia management. However failure to comply with antipsychotic medication is a significant cause of relapse in mental-health patients. Even the significant advances in antipsychotic medication will be negated by non or partial compliance.

The Challenge

Concordance is achieved when medication is taken exactly as prescribed, and this depends on effective communication between patients and healthcare professionals. By involving patients in treatment decisions and addressing their concerns regarding long-term medication, concordance can be improved, thus offering potential reductions in the risk of relapse and subsequent hospital readmissions.

In addition, the National Institute for Clinical Excellence (NICE) advocates collaborative working and a multidisciplinary approach to patient management and relapse prevention.¹

Key Actions

The Nurse Adviser Road to Recovery Team, supported through an educational grant by Janssen-Cilag Ltd, is a team of mental health nurses with a special interest in the management of individuals with psychoses. The team is governed by Nursing and Midwifery Council (NMC) guidelines. The services provided by the team include concordance skills training, therapy support, introduction to assessment tools and training in psychopharmacology.

The concordance skills and therapy-support programme has the potential to enhance a collaborative approach to working between healthcare providers and service users.

The concordance-skills programme was developed and is endorsed by Richard Gray, Senior Lecturer and Research Fellow in Psychiatric Nursing at the Institute of Psychiatry, Kings College, London. The training is offered to all healthcare professionals working within mental health.

The Outcome

The ten training modules offered by the team are grouped into four main sections, which provide positive foundation learning through to advanced skills, together with hands-on experience.

The training can be delivered in a flexible way and the course can be designed along a timetable to suit the customer's individual requirements. A follow-up session is available to strengthen skills, 6-8 weeks after completing the initial training.

Patient Benefits:

- Encourages greater service-user involvement in management decisions by nurses trained in concordance skills
- Service users may feel more involved in treatment decisions
- Potential to improve management of symptoms and reduce hospitalisations

NHS Benefits:

- Increases and enhances staff skills
- Fosters an evidence-based approach to therapy
- NHS Trusts may be better equipped to meet policy objectives

Company Benefits:

- Raises Janssen-Cilag's profile through association with a perceived high-quality and valuable training programme
- Allows close links with, and heightened awareness of, nursing staff's and mental-health patients' needs.

Current Status

In just 2 years the programme has already delivered over 500 courses to almost 5,000 NHS professionals working with mental health, from across the UK.

An updated training programme is being released shortly to address the changing needs of both service users and professionals.

Feedback

Feed back on the programme from NHS professionals undertaking the course has been very enthusiastic.

According to Dr Richard Gray, Kings College, London: *"There is a good evidence base that concordance skills can improve clinical outcomes for service users with schizophrenia. One of the greatest challenges facing the NHS is how to roll out evidence-based practice at a national level. The Road to Recovery Programme is an excellent example of widespread dissemination and effective collaborative working between industry and the public sector."*

Reference:

1. Technology Appraisal No 43: Guidance on the use of newer (atypical) antipsychotic drugs for the treatment of schizophrenia. National Institute for Clinical Excellence (June 2002).



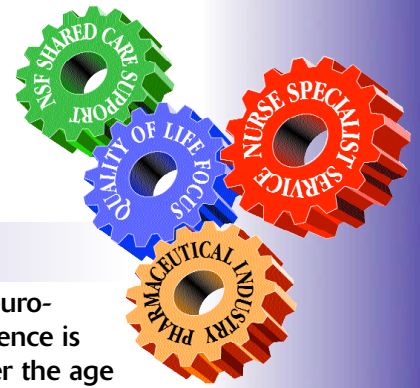
JANSSEN-CILAG Ltd

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NHS and Pharmaceutical Industry Working Together for Patients

Development of Parkinson's Disease Nurse Specialists



The Issue

Parkinson's disease (PD) is a common, age-related, disabling neuro-degenerative disorder. The estimated Western European prevalence is 160 per 100,000.¹ This figure rises by 2% of the population over the age of 80.¹ Palliative management of the disease has improved considerably over the last 25 years, with the introduction of various pharmacological agents. The goal of continuous dopaminergic stimulation is being met by improved formulations of L-dopa, the addition of enzyme inhibitors (such as MAOB & COMT), oral dopamine agonists and apomorphine infusions.² In addition, imaging and surgical procedures have evolved to improve outcomes when medical management is exhausted. However these approaches fail to improve the entire handicap caused by the condition, particularly in its later stages.

Against this background, the focus should now be on improving the quality of life of patients using other methods.

The Challenge

Over the last 13 years, the United Kingdom Parkinson's Disease Society has developed a national network of Parkinson's Disease Nurse Specialists (PDNSs) working within NHS trusts, often with the help of pump-priming funds from the pharmaceutical industry (Britannia and GlaxoSmithKline) and also from imaging and medical-device companies (GE and Medtronic).

The service has the following two main aims:

- To provide practical clinical advice, including prescribing where appropriate and counselling to parkinsonian patients in hospital clinics and at home
- To provide an educational service for general practitioners, hospital doctors, paramedical therapists, and related health-care workers who see parkinsonian patients.

Patient & NHS Benefits

Increasingly the value of the PDNS is recognized and the Parkinson's Disease Society has ensured that, by 2005, just over 200 of these nurse specialists are in post throughout the UK. The effectiveness of PDNSs has been evaluated in a large randomised-controlled trial which showed the nurses are cost neutral³ (see later). Many people with the disease and their families can self manage, providing they have enough information to manage the problems they encounter. Therefore skilled and timely intervention by the PDNS and the multidisciplinary team, can help prevent or minimise emerging problems.

Patient assessment, education, support and the identification and anticipation of care needs are an important factor in the ensuring quality of life and prevention of complications in PD. Breakdown of care in the community may be precipitated by ignorance of self-management strategies. The expense of this in financial, work and psychological terms is enormous. PDNSs are ideally placed to help ameliorate the problems the disease can present. PDNS now work in a variety of differing ways – there is no one model that fits all.⁴

PDNS Service Cost-effectiveness

This has been evaluated in a randomised controlled trial co-ordinated by Professor Sir Brian Jarman, Imperial College, London, and published in the British Medical Journal in 2000.³ In the nurse group there was a statistically significant reduction in: the number of fractures, deterioration in quality of life, hospital admission rate, and length of institutional care. Although there were increased costs incurred by the PDNS salary and running costs, increased provision of benefits, increased drug costs, and increased paramedical therapy provision, these were offset by reduced expenditure on respite care, hospitalisation, and institutional care.

Socio-economic Costs

PD is costly to individuals and to health and social services. In 1998 the estimated total mean annual direct cost of care per patient, for all patients by age, was £5,993,⁵ but the disease stage measured by a Hoehn and Yahr scale⁶ significantly correlated with expenditure:

- Total social services costs accounted for 34% of total costs and tended to increase with increasing age
- Total NHS costs accounted for 38% of total costs and tended to fall with increasing age (largely because of lower drug costs)
- Total annual direct costs were £4,189 for patients living at home; £15,355 for patients whose time was divided between home and an institution; and £19,338 for patients in full-time institutional care.

The largest item of expenditure for PD was on individuals residing in Care Homes - despite the desire of most patients to be supported at home. According to estimates, if services for the treatment of patients in the community were developed and funded, about 30% or some £56 million could be saved from the amount currently spent in supporting people in Care Homes.

National Service Frameworks

The NSF for Older Persons addresses the above and other relevant issues for PD in Standard 6 (Falls Prevention), Standard 8 (Promoting an Active Healthy Life), and Standard 2 (Person-centred Care). In addition, the new NSF on Long Term Neurological Conditions provides the framework to adopt best practice offered by PDNSs.

Company Benefits

As the link between primary and secondary care, adoption of best practice described in local, shared-care guidelines is facilitated by the PDNS. This includes optimal use of medicines.

Current Status

Currently there are 200 PDNSs in post, with the goal being to achieve 240. The target for 2005 is to recruit an additional 25 PDNSs.

References:

1. British Geriatrics Society (BGS) Compendium Document 6.1, (2003).
2. Data on file.
3. Jarman B *et al.* BMJ (2002); 324:1072-9.
4. Parkinson's Disease Society (2004), Changing roles, PDS, London.
5. Finley L, Aujla M, Bain PG *et al.* Direct economic impact of Parkinson's disease: a research survey in the United Kingdom. *Mov Disord* (2003); 18 910:1139-1189.
6. Hoehn M and Yahr M. Parkinsonism: onset, progression, and mortality. *Neurology* (1967); 17:5.

NHS and Pharmaceutical Industry Working Together for Patients

Delivering a Pre-hospital Thrombolysis Service



The Issue

Administration of a thrombolytic agent to a patient suffering an acute ST elevation myocardial infarction (STEMI), is a key step in the current treatment pathway. The earlier these agents are administered the better the likely outcome. It has been recognised that taking the treatment to the patient, rather than the patient to the treatment, can save vital minutes in this process. Consequently, empowering and training Ambulance Paramedics to administer these agents, with the appropriate clinical support, at the site of the incident is seen as a fundamental step in achieving early thrombolysis.

To address this need, Dr John Scott, East Anglia Ambulance NHS Trust, and Boehringer Ingelheim worked jointly to plan and implement a pre-hospital thrombolysis service.

The Challenge

There are several keys to a successful roll-out of a thrombolytic service delivered at the site of the STEMI:

- Appropriate in-ambulance equipment to follow the prescribed protocol
- Appropriate training for the Paramedics who will be expected to administer the thrombolytic agents
- Appropriate clinical back-up and support within the Ambulance Trust and at the receiving Acute Trusts.

Before a service could be offered, funding for the equipment and agents involved, as well as the logistics of training, supporting and accrediting the Paramedics, needed to be planned. It was also necessary to plan and implement the clinical support required to enable the Paramedics to administer the treatment within the guidelines agreed by the Ambulance Trust.

Key Actions

Key actions to support the plan included the following:

- Boehringer Ingelheim (BI) offered support for the initial training and on-going support of the Paramedics
- This was achieved by a "Train the Trainers" programme based on the Thrombolysis Up Front Instructors' Course (TUFIC), and in-house support for the Trust's training department
- TUFIC was facilitated by the BI Thrombolytic Advisers (experienced CCU nurses employed on a non-promotional basis)
- Training based on a CD ROM accredited by the Joint Royal Colleges Ambulance Liaison Committee (JRCALC)
- BI also sought to engage with the CHD Collaborative and the Acute Trusts to explain its support for pre-hospital thrombolysis, and to seek their support for the project.

The Outcome

Achievements and progress to-date include:

- Within its timelines, the Trust has trained and deemed competent the majority of the Paramedics to thrombolysse ST EMI patients within the guidelines developed by JRCALC
- In parallel, the Trust has established the clinical support and the funding to carry out this service
- Agreement has also been reached with relevant Acute Trusts to support the service.

Patient Benefits:

- Successfully treating 75 patients for acute myocardial infarction prior to hospital transfer in the first year
- Helping to increase STEMI survival rates

NHS Benefits:

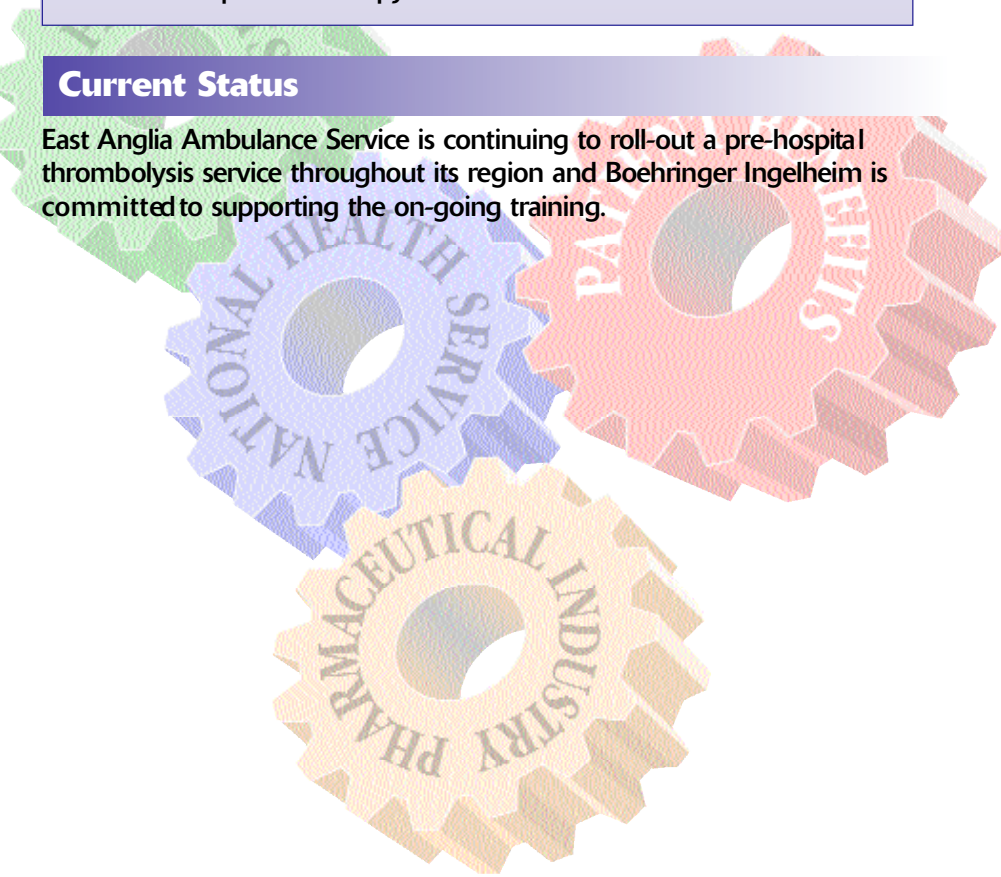
- Successfully treating more patients within the NSF guidelines on call to needle times
- Fostering best practice and supporting clinical governance
- Providing Paramedic skills training

Company Benefits:

- Established Boehringer Ingelheim as a key player in an important therapy area.

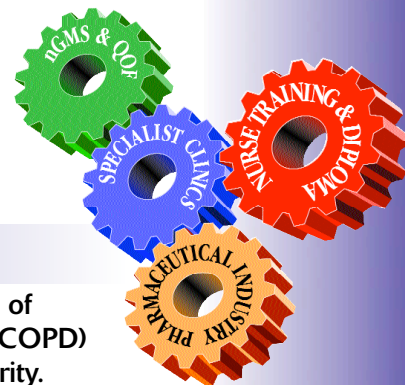
Current Status

East Anglia Ambulance Service is continuing to roll-out a pre-hospital thrombolysis service throughout its region and Boehringer Ingelheim is committed to supporting the on-going training.



NHS and Pharmaceutical Industry Working Together for Patients

Developing a Local Enhanced Service for COPD



The Issue

Barnsley Primary Care Trust (PCT) has one of the highest levels of medical admissions for chronic obstructive pulmonary disease (COPD) in the UK and the highest in the South Yorkshire Health Authority. During the period 2000 - 2002 this averaged 719 per 100,000 (standardised medical admission rate).¹ The new GMS Contract and Quality and Outcomes Framework (QOF) highlighted the need for progress to be made in COPD management within primary care.²

In July 2003, a pilot project was established in one of the 5 localities of Barnsley PCT, with the main aim of developing service provision in primary care, so that pressure on secondary care was minimised.

The Challenge

Key challenges for the PCT working in partnership with Boehringer Ingelheim and Pfizer were to:

- Establish comprehensive registers of patients with COPD
- Establish COPD clinics
- Provide practice-nurse training where required.

Many of the practices in the locality were single handed and did not have the nursing capacity to undertake clinics. An integrated team approach was taken with nurses from the Community Nursing Service running clinics, trained to provide a COPD service for general practices.

Key Actions

Boehringer Ingelheim and Pfizer provided a COPD Specialist Nurse to:

- Fund the training of nurses in COPD management to gain the national COPD diploma
- Establish registers of patients with COPD
- Hold COPD clinics to confirm COPD diagnosis
- Specialist equipment was provided to practices if required by the PCT.

The practice nurses gained experience by at first assisting in these COPD clinics, then working with assistance from the Specialist Nurse, and finally working independently.

The Outcome

Key outcomes from these actions were:

- Nurses from a number of practices and community nurses gained COPD diplomas
- Registers were developed and updated
- New COPD clinics were established in practices.

This has contributed to providing a structured, systematic service for COPD patients in Barnsley.

Patient Benefits:

- Reviewed and optimised treatment
- Provided skills and information to help in self management
- Skilled practice-based staff to refer to if help and advice is needed

NHS Benefits:

- Development of an integrated approach to the management of COPD in Barnsley
- Provision of enhanced skills to primary care nurses in the PCT
- Practice registers of COPD patients developed and updated
- Enhanced level of primary care
- Supporting QOF, clinical governance and best practice

Company Benefits:

- Provided greater understanding of local NHS needs
- Enhanced the relationship with the PCT
- Demonstrated the added value that can be provided to the NHS by Boehringer Ingelheim and Pfizer
- Helped to formulate future support programmes to meet the needs of other PCTs.

Current Status

The programme is currently being evaluated by Barnsley PCT. The original programme has been further developed in order to provide a COPD management and support service across the remaining localities within the PCT in 2005.

References:

1. King's Fund, (2004).
2. Investing in General Practice. The new General Medical Services Contract (2003).

NHS and Pharmaceutical Industry Working Together for Patients

Influenza Campaign Support Strategy



The Issue

Despite achieving almost 70% uptake in 2004/05, Ealing Primary Care Trust (PCT) in London has, over the last 3 years, seen a marked decline in uptake of flu vaccination. Many practices may not have been as well prepared for the increased workload that a successful flu campaign entails. Religious holidays or festivals also can interfere with the local flu campaign if dates overlap and central coordination of clinics takes these into account.

Each year the PCT flu campaign monitors the uptake rates of flu vaccination from the locality practices. The Department of Health sets the national uptake target for all PCTs, which they should aim to achieve each year. Currently the national target is set at 70% uptake in people aged 65 years and over. The main aims of the campaign therefore are to demonstrate best practice and excellence in patient care, by achieving the set targets and protecting patients and the general public against flu.

The Challenge

Key factors influencing Ealing PCT's target vaccine uptake were:

- Practices required considerable support and training on how to run effective flu campaigns
- Practice lists needed to be completely up-to-date to ensure accurate vaccination reporting
- The PCT has a large number of single-handed practices, overstressing the two part-time members of the flu team in dealing with the underperforming practices.

Key Actions

Ealing PCT's project plan with support from Wyeth Pharmaceuticals was implemented, with the following key actions:

- Identification of all underperforming practices, the challenges they face, and obstacles preventing them from hitting their flu targets. *PCT Flu Co-ordinators analysed the data from the previous year and compiled target lists.*
- Arrangement of staff training workshops centrally, flu-awareness sessions, incentive schemes for practices, advertisements and promotional materials, on-site staff vaccination clinics and data collection. *The PCT and Wyeth worked together on the workshops and flu-awareness session, with Wyeth providing support materials to practices to advertise their clinics for patients.*
- Identification of all practices that required on-site support for flu clinics. *The PCT Flu Co-ordinators organised flu workshops for all staff. These were sponsored by Wyeth. The workshops aimed to increase awareness of vaccination clinics and the support available to practices from the PCT in order to increase uptake rates as part of the incentive scheme. Wyeth presented information on the importance of having a flu jab, the consequences of flu and the role of the supplier.*

Vaccination

Vaccination

- Ensuring that all practice staff (including administrative staff) encourage patients and are able to offer enough information on flu and flu vaccination.
- Monitoring closely any struggling practices and ensure they are given help by the PCT. *Wyeth provided in-house training for practices where uptake had been low.*

The Outcome

The PCT increased its vaccination uptake by 2.5%. There was an increase in uptake from the previous year in underperforming practices particularly where Wyeth had been involved.

Patient Benefits:

- Ensured the best possible care was received
- Improved understanding of the importance of being vaccinated
- Facilitated easy access to appointments for flu clinics/services
- Protection against flu, as a result of effective and well-organised flu clinics and vaccines being delivered on time

NHS Benefits:

- Ability to provide excellent standards of patient care
- Having the right tools and support for practices to run effective flu clinics
- Further support to practices to plan for a better flu campaign offered both by the PCT and Wyeth
- Cost benefits in vaccinating more patients against flu, such as reduced risk of hospitalisation

Company Benefits:

- Good professional relationship with Ealing PCT.

Current Status and Feedback

Planning for the influenza campaign 2005/06 to commence this autumn (September 2005) is underway. Ealing PCT is currently planning workshops for practice staff and PCT staff to further build on the achievements over the last year. Wyeth has offered to provide support for these workshops as well as providing in-house training for practices.

This commitment to delivering a good service is endorsed by Wyeth's customers. Ealing PCT's Flu Co-ordinator commented: *"Wyeth is able to work in partnership with practices and the PCT on flu campaigns, maintaining good communication links, and offering first-hand support to practices in times of need."*

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NHS and Pharmaceutical Industry Working Together for Patients

PCT Influenza Campaign Success



The Issue

Annual vaccination against influenza effectively helps prevent flu infection in people at-risk in the community, including the over 65s who are more susceptible to flu and its potentially serious complications. Luton PCT, in Bedfordshire, had consistently struggled to reach the government's annual flu vaccination uptake target of 70% for the over 65s. The task was made even more difficult in 2004 as one major flu vaccine supplier was unable to bring their vaccines to market. The PCT Flu Co-ordinator had also identified that several practices would require a considerable amount of support in the planning and organisation of their flu campaigns, if they were to stand any chance of reaching the 70% vaccination target.

The Challenge

The PCT faced numerous challenges which were central to the success of the Campaign including:

- Supporting underperforming practices in planning, organising and carrying out their flu campaigns
- Coordinating and collating all report data from practices
- Sourcing additional vaccines at very short notice to supply 12 out of 35 practices who had not received their scheduled deliveries
- Ensuring the supply of additional vaccines so that patients would have timely access
- Providing patient literature in languages that would increase awareness of the importance of flu vaccination amongst the PCT's large ethnic population
- Managing clinic timetables to take into account overlaps with religious festivals such as Ramadan.

As a result of co-operation between Luton PCT and Wyeth Pharmaceuticals, a campaign strategy was planned and implemented to enable the PCT to address these specific challenges to hitting its flu vaccination targets.

Key Actions

Key actions were to:

- Through training sessions and working closely with practices, ensure that flu campaigns were well planned, organised, and in time to allow for patient recruitment
- Source vaccines to cope with supply problems
- Obtain the vaccines as early as possible to enable vaccination clinics to take place before Ramadan
- Develop a strategy for vaccinating large numbers of patients at convenient locations throughout the PCT area
- Ensure high levels of awareness of the importance of flu vaccination, clinic times and venues through optimum distribution of flu campaign materials, in various languages.

Vaccination

Vaccination

The Outcome

A comprehensive, educational presentation on understanding flu and the virus to practice staff, was arranged. This was an interactive training session to which any practices in the PCT could send two members of staff. In particular, underperforming practices were encouraged to send at least one person for training.

Wyeth also provided training on a Flu Resource kit which they offer to practices. This package provides a wealth of useful information for practices, as well as patient letters in 8 different languages that could be used to specifically target at-risk patients in ethnic minority groups.

Key outcomes for the Flu Campaign for Luton PCT included:

- The PCT setting up local flu clinics which proved very popular with patients
- The PCT being successful for the first time in achieving the 70% vaccination target for over 65s: the actual uptake achieved was 72%.

Patient Benefits:

- Extending flu vaccine protection to more of the target population
- Patients with chronic diseases were vaccinated who may have otherwise been left at risk
- Helping to ensure these high-risk patients avoided flu infection and its potentially serious, life-threatening complications

NHS Benefits:

- Achieving over 70% vaccination uptake in over 65s for the first time – as a result of proactive working with Wyeth without which the target may not have been reached

Company Benefits:

- Developed good working relationships with the PCT and practices, from the staff training on running an effective flu campaign.

Current Status

Luton PCT are very positive about having worked jointly with Wyeth on this flu campaign, and have already asked for Wyeth to facilitate more educational events to help practices continue improving their flu vaccine uptake in ethnic minority groups.

Wyeth[®]

CONTACT: Jason Stone, National Sales and Marketing Manager, Wyeth Vaccines
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NHS and Pharmaceutical Industry Working Together for Patients



Weight Management Clinic in Community Pharmacy

The Issue

Obesity is a growing healthcare problem which is fast approaching epidemic levels in the UK, and is associated with a range of diseases, including coronary heart disease and Type 2 Diabetes, as well as a heavy healthcare and economic burden.

The John Williams Pharmacy was interested in offering a weight-management service to the community of Brynmawr, in collaboration with the established dietitian-run, community-based weight-management clinic.

A project plan was created that would offer a structured 6-9 month weight-management clinic to people in the community with a BMI of 30 or greater, who wished to enrol in the service. The pharmacy-based clinic would provide a site for on-going weight management monitoring and advice for patients completing this programme, as well as equally being able to screen and refer appropriate patients to the dietitian-run clinic, when more intensive weight management than was available from the pharmacy was required.

The pharmacy clinic therefore offered three options:

- A structured 6-9 month programme for people wishing to lose weight
- A referral point for ongoing monitoring of patients completing the community-based, dietitian-run weight-management clinic
- A referral point for the community pharmacist to refer onward any patient who required additional support from the dietitian.

The Challenge

The main challenges were:

- Involving all stakeholders from the start of the project
- Agreeing a robust project plan which outlined the main aims and objectives of the clinic
- Developing a structured clinic protocol and supporting literature
- Training for the community pharmacist to enable her to give relevant support and information
- Developing a referral pathway to primary care if appropriate and necessary
- A free telephone support service provided for patients using pharmacotherapy
- Ensuring appropriate levels of communication with all stakeholders.

Key Actions

The key project board members involved included: the Specialist Obesity Dietitian from the Trust, the Community Pharmacist, a representative from Blaenau Gwent Local Health Board, Roche Products Healthcare Manager, Obesity Management Adviser (on behalf of Roche).

Key actions were:

- Clear aims and objectives set out in the project plan with clear project deliverables

- Training agreed and provided for the pharmacist
- Resources discussed and agreed, with provision of scales, tape measures, patient literature
- Public awareness of the clinic via a local media article organised by the dietitian
- Communication with local primary care by letter informing GPs of timescale, implications and other relevant information about the clinic
- Data collection forms for analysis.

The Outcome

The pilot ran for 9 months initially as registration was staggered over the first 3 months. Relevant data were collected in order to report on the success of the project to the LHB. Success criteria were measured as:

- Weight loss achieved
- Reduction in waist circumference
- Patient satisfaction with the service.

This project was also published in the local newspaper, together with an interview with 2 of the people who completed the programme.

Patient Benefits:

- Relative improvement in the accessibility of a structured weight management programme
- Realistic and achievable weight loss and exercise goals were regularly set
- Some patients paired up and encouraged each other to make lifestyle changes
- Patients also benefited from a 30-minute consultation with a pharmacist

NHS Benefits:

- Potential relief of surgery time by diverting some patients to a community pharmacy

Company Benefits:

- Roche was seen to be an expert in the field of obesity management
- A true partner in the process as Roche was involved with the writing of the project plan and the weight management protocol
- Where indicated, appropriate pharmacotherapy was prescribed and patients were offered the support of a free phone support service to encourage compliance with diet and lifestyle changes.

Current Status

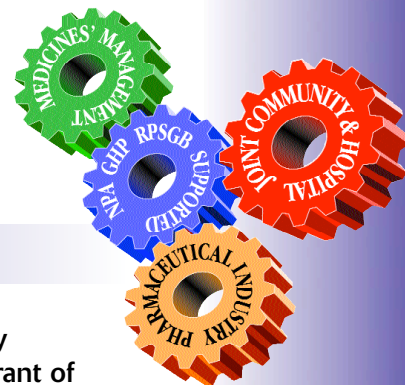
The project completed its first 9 months and data are currently being collected on weight loss and reduction in waist measurements. Once completed these findings will be presented to the Medicines Management team at Blaenau Gwent Local Health Board.



CONTACT: Jacqui Goom, Healthcare Programmes Manager & Public Affairs Wales, Roche Products Ltd; Mobile Telephone: 07736 167980; Email: jacqui.goom@roche.com

NHS and Pharmaceutical Industry Working Together for Patients

Joint Award for Pharmacists



Award Background

The Joint Award is presented to pharmacists from primary and secondary care working in an area of evidence-based pharmacy practice in the NHS. The successful applicants are awarded a grant of £5,000 that will be used to fund the research proposal.

The Award is a joint initiative of the Guild of Healthcare Pharmacists (GHP), the National Pharmaceutical Association (NPA) and Merck, Sharp & Dohme Limited. The Award is open to all pharmacists from any branch of the profession, but must reflect joint working between community and hospital pharmacy. A joint project between community and hospital pharmacists will demonstrate an integrated approach, to improve patient care in the NHS.

The Award is launched in April and the closing date for applications is late September. Adjudication by a panel of judges is carried out during October and successful candidates are notified by late October. A presentation ceremony is held at a symposium during the NHS Alliance conference in November, where the previous year's winners present their project, and the winners of the current year are announced.

The Issue

Currently there is little integration between secondary care and primary care (community) pharmacists. When patients from secondary care are discharged with medications, typically no information is passed onto the community pharmacists, and consequently continuity of care may be sub-optimal and inconsistent. In the new NHS, patient-centred care is paramount, therefore it is both logical and desirable for hospital and community pharmacists to work together to ensure that information about patients' medications is shared and understood. In this way, patient care is improved in terms of treatment continuity, medications availability and concordance.

The Challenge

The challenge for MSD was how to provide value to the pharmacy profession, to encourage joint working between secondary care and primary care pharmacists. As a result, the Joint Pharmacy Award was instigated to encourage pharmacists from the two sectors to collaborate and work together as a team, to ensure optimal management of patients' medicines.

Key Actions

Key actions and features of the Joint Award scheme include:

- Relevant representative bodies of pharmacists from both sectors were asked to be partners to ensure Award publicity and ownership
- The Award was started in 2000 with agreement from the NPA and GHP to represent community and hospital pharmacists
- The Award is independently adjudicated by judges from the NPA, GHP, RPSGB, academia and MSD

- The Award is launched every year in April, with entries invited from April to September. Winners are invited to a ceremony at the NHS Alliance autumn conference. The previous year's winners also present their project at the conference. The cycle is then repeated the following year.

The Outcome

All applications are independently assessed by a panel of judges. Certain criteria have to be fulfilled to ensure success. Further details are available in the Award application form.

Patient Benefits:

- Optimises patients' medicines management by pharmacists from the two sectors working together
- Encourages a more co-ordinated approach, as well as continuity of care

NHS Benefits:

- Enables better improvement of patient care from healthcare professionals working together
- Supports the new NHS patient-focused agenda

Company Benefits:

- Indicates MSD as an important stakeholder together with other key organisations to improve patient care.

Feedback

Highlighting the shared-care and professional benefits from this popular Award scheme, Anne Lewis, Registrar and Secretary, RPSGB said: *"The Society welcomes this Award which fits well with the Pharmacy in a NEW Age (PIANA) programme and the Society's wider commitments to developing evidence-based pharmacy practice, and would like to join the GHP, NPA and MSD in encouraging pharmacists to send in research proposals. A joint project between community and hospital pharmacists will demonstrate an integrated approach, to improve patient care in the new NHS."*

Current Status

This is the 7th year of the Award, reflecting its considerable success among pharmacists. The 2005/6 Award was launched in April with the closing date at the end of September. Details of previous years' winners and of their joint-working projects are available from Customer Marketing, MSD Ltd.

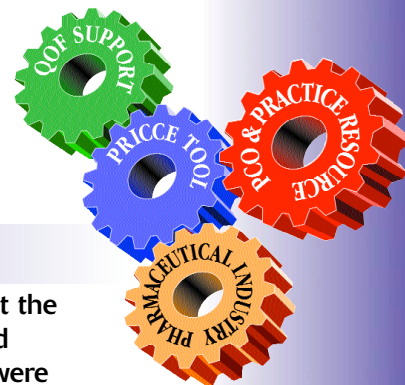


Merck Sharp & Dohme Limited
Hertford Road, Hoddesdon, Hertfordshire EN11 9BU

CONTACT: Please contact MSD on tel: 01992-467272.
Representatives of PCTs or PCOs should ask for the Customer Marketing Department. All other enquiries should go to External Affairs

NHS and Pharmaceutical Industry Working Together for Patients

Training Excellence and Management in Primary Care



The Issue

In 2003, GPs in the UK were debating whether or not to accept the new GMS Contract. If accepted, the new terms of service would herald fundamental changes to the way that GPs worked and were remunerated. Under the new Contract, practices would be rewarded for the quality of their services, rather than the quantity of their activity or size of their patient list. PCOs had just 10 months from the vote to implementation of the biggest change to GP working practices, since the inception of the NHS over 50 years ago.

The Challenge

Pfizer Ltd's portfolio of products overlapped six out of ten of the disease areas within the Quality and Outcomes Framework (QOF) of the new Contract. The challenge therefore was to develop a programme in partnership with the NHS, which would support the implementation of the Contract, and enable Pfizer Ltd to work with customers on their improved patient management within these disease areas. To achieve these goals, plans were started for this joint working Training Excellence and Management in Primary Care (TEAM PC) project.

Key Actions

Key actions necessary to develop the programme included:

- Securing credible NHS Partners for the development of the programme, to ensure relevance and ability to implement on the ground
- Providing a credible, core set of materials for healthcare professionals seeking to plan for, and implement, the Contract
- Producing and planning a series of learning-based supplements, facilitated/personalised workshops and CDs for use by PCOs and practices, to facilitate their understanding and implementation of the GMS Contract
- Timing these materials and workshops for PCOs and practices, to coincide with the signing of the Contract itself.

The Outcome

East Kent PRICCE Team agreed to work exclusively with Pfizer Ltd, to translate the Primary Care Clinical Effectiveness (PRICCE) programme, into a useable set of learning materials and workshops for PCOs and practices planning for the implementation of the Contract.

In addition, the Modernisation Agency Clinical Governance Support Team worked with Pfizer Ltd, to translate these learnings into a set of reference cards for practice managers.

To date, there has been extensive uptake of the programme materials throughout the UK, with over 2,500 individuals involved in the workshop series.

Patient Benefits:

- Fostering improvement in the quality of primary care through more effective new Contract implementation
- Encouraging earlier diagnosis and regular patient management and/or treatment reviews for QOF disease areas

NHS Benefits:

- Allowing easier access to principles and experiences already gained from within the NHS
- Facilitating the sharing of good practices, to achieve the NHS aims of implementing the Contract to best effect for patients

Company Benefits:

- Enabling Pfizer Ltd's teams to work in genuine collaboration with primary care to address this immediate need, both effectively and efficiently
- Facilitating improved identification and management of patients within Pfizer Ltd's disease areas of commercial interest.

Feedback

According to Tony Snell, Medical Director, Birmingham & Black Country Strategic Health Authority: *"TEAM PC has expertly identified the learning needs, and produced excellent training materials that practices and PCOs can use to encourage and facilitate the highest possible achievement of the Quality and Outcomes Framework of the new GMS Contract. I freely endorse and encourage TEAM PC to all my Primary Care Trusts and practices. Why recreate the wheel and waste time? TEAM PC brilliantly assists practices in preparation for the QOF."*

Clare Gerada, NHS Modernisation Agency Clinical Governance Support Team, added: *"I think that Pfizer Ltd was ahead of the game with the new GMS Contract and they developed TEAM PC in a timely and professional way. I would like to congratulate TEAM PC on a resource of value and practicality."*

Highlighting excellent customer feedback on the resource, Lis Cook, National Account Manager (Scotland), Pfizer Ltd, said: *"TEAM PC is an amazing resource. We actually showcased it at the Institute of Health Care Managers in Scotland, and that gave us some extremely good opportunities to really see the depth of the materials and how to use them. On the back of that, we went out to one of the Health Boards and were so proud of the materials because the Organisational Development Manager said they were the best she had ever seen."*

Current Status

The programme continues to be used to enable customers to develop their ability to achieve maximum output from the implementation of the contract and, crucially, to address the wider issues of quality in disease management.



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NHS and Pharmaceutical Industry Working Together for Patients

Medicines Information Project and Medicine Guides



The Issue

Easy access to high-quality, reliable, patient-friendly medicines information, is key to helping people to understand their medicines better and to participate in decisions about their own treatment. In recent years, there has been growing recognition of the need to improve the availability, quality and accessibility of information about medicines for the public. This is being driven by a number of stakeholders including patient organisations, the Government, the NHS, the regulatory authorities and the pharmaceutical industry.

The Challenge

The Medicines Information Project (MIP) is taking a significant step towards this vision by developing a new, structured source of information linking medical conditions, major treatment options and individual medicines, aimed at patients and the public. This unique collaboration is an excellent example of a public-private partnership, demonstrating that the industry's capabilities and resources can be deployed within a multi-disciplinary governance framework, for the benefit of patients and the NHS.

The MIP Board which governs the project is chaired by the Medicines Partnership, and has representation from:

- Voluntary health organisations ("patient groups")
- UK Medicines Information Pharmacist Group
- The nursing profession
- Royal Pharmaceutical Society
- Royal College of General Practitioners
- PECMI
- Proprietary Association of Great Britain (PAGB)
- NHS Direct
- Medicines Partnership
- Medicines and Healthcare Products Regulatory Agency (MHRA)
- Datapharm Communications
- Department of Health
- Association of the British Pharmaceutical Industry.

Key Aims and Actions

The overall objective is to provide information that will encourage and enable people to make informed decisions about treatment and make best use of medicines. This will be delivered through:

- Providing a structured set of information that covers all medical conditions and medicines
- Ensuring this is accessible before treatment decisions are made
- Ensuring this is suitable for use with health professionals to inform choices about treatment.

The pharmaceutical industry has committed to fund the development of information about all prescription-only medicines by 2007. The sequence in which conditions will be authored has been established according to

NHS priority, public health priority, frequency of public requests for information, as well as the priorities of sponsoring pharmaceutical companies. The information complements the existing Patient Information Leaflet (PIL) and is currently available online. In the long term, the information will be made available via a range of different channels and formats, and will be kept up to date with new medicines, new data and changes in prescribing information.

The Outcome

The MIP offers a new way for patients to access detailed information about their medicines through a framework consisting of:

- Information on medical conditions and treatment options, which will sit within the NHS Direct Online website (www.nhsdirect.nhs.uk), linked to:
- Individual Medicine Guides. These provide a user-friendly complement to the pack insert but, critically, are available before the prescribing decision is made, as well as after the medicine has been dispensed. Medicine Guides can also be accessed via www.medicines.org.uk

Patient Benefits:

- Involvement in developing the information from the outset
- Enables access to information when people want it
- Provides information about all medicines and treatment options in the context of the condition

NHS Benefits:

- Enables patient access to high-quality, medicines information via the NHS Direct Online health encyclopaedia
- Opens up the possibility of delivering medicines information to patients through a range of different channels
- Supports safe and effective medicines use and patient involvement in decisions

Company Benefits:

- Patients have a better understanding of their medicines
- Patients can easily access up to date information about individual medicines based on the information contained in the Summary of Product Characteristics.

Current Status

The project has been piloted in three conditions. Learnings from the pilot are currently being assimilated, and will be applied to the next phase of the project – delivery of Medicine Guides for all prescription-only medicines.